



Department of Safety
Bureau of Emergency Medical Services
33 Hazen Drive, Concord, NH 03305-0003 (603-271-4568)

AUTHORITY TO ESTABLISH COURSES
In Accordance with Saf-C 5910

EMS Bureau Use Only

Course # _____

NOTIFICATION

Regional Chairperson:

[] _____

District Chairperson:

[] _____

Med. Resource Hospital
(MRH) EMS Contact:

[] _____

MRH Physician:

[] _____

Course Medical Director

[] _____

EMS BUREAU APPROVAL

- [] FIRST RESPONDER
[] FIRST RESPONDER - RTP
[] EMT - BASIC
[] EMT - BASIC REFRESHER
[] EMT-INTERMEDIATE
[] EMT-PARAMEDIC
[] EMT-PARAMEDIC - RTP
[] P.E.E.T.E.

NOTIFICATION ONLY

- [] EMT-I MEDS MODULE
[] EMT-I MEDS MODULE RTP
[] DEFIB: A_____ M_____
[] DEFIB -RTP: A_____ M_____
[] OTHER (Specify): _____
[] OPEN COURSE
[] CLOSED COURSE

COURSE INFORMATION

LOCATION (town): _____

FACILITY: _____

NH EMS I/C: _____

EMS DISTRICT: _____ EMS REGION: _____

NH EMS I/C LICENSE NO.: _____

COURSE MED. DIR : _____

ASS'T INSTRUCTOR: _____

MRH PHYSICIAN: _____

START DATE: _____

END DATE: _____

NH EMS I/C (Print Name)

Course Coordinator (Print Name) _____ Date

NH EMS I/C (Signature) _____ Date

Course Coordinator's Phone Number

NH EMS I/C's Mailing Address

City _____ State _____ Zip _____

NH Bureau of EMS (Signature) _____ Date

NHEMS I/C's Telephone Number (Daytime)

INSTRUCTIONS: This form must be received by the appropriate EMS Field Office NO LESS than 30 calendar days prior to the start of the course. To receive course authorization, the following documents must also be included (as appropriate):

- An outline listing dates of classes and topics to be covered.
- A completed Clinical Affiliation Form

11/19/2003